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Monterey County Office of Ed  
901 Blanco Circle  
Salinas CA 93912



EK 831376677 US



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**EXPRESS™**

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Federal Agency Acct. No. or Postal Service™ Acct. No.

LIVERY OPTIONS (Customer Use Only)

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2: (PLEASE PRINT)

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SLD FORMS  
ATTN: FORM 500  
3833 Greenway Dr.  
Lawrence, KS

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66044

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.  
\$100.00 Insurance Included.

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<input checked="" type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code 93907	Scheduled Delivery Date (MM/DD/YYYY) 4-11-15	Postage \$	
Date Accepted (MM/DD/YYYY) 4-10-15	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 2:00 PM <input checked="" type="checkbox"/> 12:00 NOON	Insurance Fee \$	COD Fee \$
Time Accepted 1:30	10:30 AM Delivery Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
Weight 5.2 lbs	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 19.99	
Acceptance Employee Initials [Signature]			

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YYYY) Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YYYY) Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

LABEL 11-9, JANUARY 2014

PSN 7690-02-000-9996

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Product Description	Sale Qty	Final Price
PM Exp 1-Day Flat Rate Env (Domestic) (LAWRENCE, KS 66046) (Flat Rate) (Signature Waiver) (Scheduled Delivery Day) (Saturday 04/11/2015 12:00 PM) (Money Back Guarantee) (USPS Tracking #) (EK831376677US)	1	\$19.99
PM Exp Insurance (Amount:\$100.00)	1	\$0.00
Signature Waived	1	\$0.00
Affixed Postage	1	(\$19.99)
(Affixed Amount:\$19.99)		
Total		\$0.00

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April 9, 2015

Schools and Libraries Division - Forms  
3833 Greenway Dr.  
Lawrence, KS 66046

To Whom It May Concern:

This is a letter of clarification relating an original FCC Form 500 mailed on 9/18/2014 for the following:

Organization Name	Monterey County Office of Education, BEN 144091
Form 471	826185
Funding Request Number(s)	2375291, 2375300
Service Provider	Carousel Industries of North America, Inc., SPIN 143025324, FRN 2375291 K S Telecom, Inc., SPIN 143011131, FRN 2375300

This letter is sent to accompany the attached Form 500 (Form Identifier: **MCOE500Y15\_04082015**) dated 4/9/2015.

Monterey County Office of Education respectfully requests that the SLD consider the original letter sent on 9/18/14 (Form Identifier: **MCOE500Y15**) as the original request and retroactively approve the Page 2A requests sent in to SLD that appear to have been inadvertently missed by the person who reviewed the Form.

We are resending the Form 500 (specifically for the Service Delivery Extension Request for FRN 2375291) in case this is needed (Form Identifier: **MCOE500Y15\_04082015**).

Below is a timeline of the process that specifically pertains to the requested corrections for FRN 2375291.

**09/18/2014** – Original Form 500 (Form Identifier: **MCOE500Y15**) was mailed to SLD Forms with pages 2A and 2B, including both Contract Expiration Date extension and Service Delivery Extension Request.

- This form included a Page 2A and Page 2B, however it would appear that Page 2A(containing contract expiration extension requests - FRNs 2375291, 2375300 - and a service delivery request - FRN 2375291)was not reviewed or processed, but Page 2B (containing a service delivery request for FRN 2375300)was, as that extension was approved on 12/18/2014.
- This Form was delivered September 23, 2014 (USPS Tracking Number: 9207190121230900000297)

**12/18/2014** – The Service Delivery Extension Request for FRN 2375300 on Page 2B was processed and approved, however no action was taken on the three (3) items listed on Page 2A.

We respectfully request that the USAC review the original Form 500 (Form Identifier: **MCOE500Y15**) as the omission was not on the applicant's part, and approve as originally filed.

Please feel free to contact me with any further questions. Thank you for your consideration.

Sincerely,



Laura Sasaki  
Manager, E-Rate Services  
CSM, Inc.  
324 E. 11th Street, Suite E-3  
Tracy, CA 95376

(909) 204-7393 (Phone)

(209) 834-0087 (fax)

[lsasaki@csmcntral.com](mailto:lsasaki@csmcntral.com)



FCC Form 500  
**DO NOT STAPLE**

Do Not Write In This Area

OMB Control No. 3060-0853  
Estimated time per response:  
1.5 hours**Universal Service for Schools and Libraries  
Funding Commitment Adjustment Request Form****Please read instructions before completing.**

(To be completed by schools, libraries or consortia.)

Applicant's Form Identifier: MCOE500Y15\_04082015  
(Create your own code to identify THIS FCC Form 500)FCC Form 500 Application Number:  
(To be assigned by administrator.)**Block 1: Applicant Information**

1. Name of Billed Entity

Monterey County Office of Education

2. Billed Entity Number

144091

3. Funding Year

2012

4. Complete Mailing Address of Billed Entity

Street Address, P. O. Box or Route Number

901 BLANCO CIR PO BOX 80851

City

SALINAS

State

CA

Zip Code

93912

Telephone Number

(831)755-0324

Fax Number

(831)784-4146

Email Address

**5. Contact Person Information**

Contact Person Name

Keith Meader

Mailing Address

Street Address, P. O. Box or Route Number

901 BLANCO CIR PO BOX 80851

City

SALINAS

State

CA

Zip Code

93912

Telephone Number

(831)784-4136

Fax Number

(831)784-4146

Email Address

kmeader@monterey.k12.ca.us

**Type of Adjustment (Check all that apply)**☒ **Block 2: Services Adjustment**☐ **Block 4: Equipment Transfer Notification**☐ **Block 3: Cancellation or Reduction of an FRN**

**DO NOT STAPLE****Billed Entity Name** Monterey County Office of Education **Contact Name** Keith Meader**Billed Entity Number** 144091**Contact Telephone Number** (831)784-4136**Page 2A****Block 2: Services Adjustment**

**Remember: The Funding Request Number(s) (FRNs) listed on this form must be for the same Funding Year as listed in Block 1, Item 3.**

**New Service Start Date:** Complete if you wish to change the Service Start Date you listed on a previously filed FCC Form 486 in the funding year listed in Block 1, Item 3. This action will NOT increase funding.

**Contract Expiration Date:** Complete if the contract expiration date has changed and you wish to report the change to USAC. This action will NOT increase funding but you could combine it with a funding reduction.

**Service Delivery Extension:** Complete if you are requesting an extension of the deadline for delivery and installation of non-recurring services. You must submit this request to USAC on or before the September 30 following the close of the funding year. This action will NOT increase funding. **Note:** Complete the Contract Expiration Date (Item 7) also if your contract will expire prior to the installation or delivery of services.

**6. Service Start Date**

FCC Form 471	FRN(s)	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):

**7. Contract Expiration Date**

FCC Form 471	FRN(s)	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):

**Make as many copies of this page as needed, and number the completed pages so that they are all processed correctly. Please number your pages 2A, 2B, 2C, etc. and provide the number in space provided in Block 2.**

**8. Service Delivery Extension Request**FCC Form 471  
870913FRN  
2375291

Certify the reason for the service delivery and installation request by checking one of the boxes below:

- ☒ The service provider was unable to complete delivery and installation for reasons beyond the service provider's control.
- ☐ The service provider has been unwilling to complete delivery and installation after USAC withheld payment for those services on a properly-submitted invoice for more than 60 days after submission of the invoice.

**DO NOT STAPLE****Billed Entity Name** Monterey County Office of Education **Contact Name** Keith Meader**Billed Entity Number** 144091 **Contact Telephone Number** (831)784-4136 **Page** 3A**Block 3: Cancellation or Reduction of an FRN****Remember: The FRNs listed on this form must be for the same Funding Year as listed in Block 1, Item 3.****Cancel:** Complete if you wish to cancel an FRN. This action is irrevocable and the FRN cannot be reinstated later. This action would allow money to be put back into the Universal Service Fund for possible commitment to other applicants.**Reduce:** Complete if you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN cannot be increased later. This action would allow money to be put back into the Universal Service Fund for possible commitment to other applicants.**Make as many copies of this page as needed, and number the completed pages so that they are all processed correctly. Please number your pages 3A, 3B, 3C, etc. and provide the number in space provided in Block 3****9. Cancel FRN**

FCC Form 471	FRN (s) (list individually)	Write in "CANCEL ALL" below if you wish to cancel all FRNs on FCC Form 471

**10. Reduce FRN**

FCC Form 471	FRN(s)	Original Commitment Amount from FCDL	New Commitment Amount AFTER Reduction

**DO NOT STAPLE**Billed Entity Name Monterey County Office of Education Contact Name Keith MeaderBilled Entity Number 144091Contact Telephone Number (831)784-4136Page **4****Block 4: Equipment Transfer Notification****Remember: The FRNs listed on this form must be for the same Funding Year as listed in Block 1, Item 3.**

- 11. Equipment Transfer:** Complete this section if you are transferring equipment from a closed entity to other eligible entities within three years of the date of purchase. Both the transferring and receiving entities must maintain detailed records documenting the transfer and the reason for the transfer for at least five years (or whatever retention period is required by the rules in effect at the time of this certification).

**Make as many copies of this page as needed, and number the completed pages so that they are all processed correctly. Please number your pages 4A, 4B, 4C, etc. and provide the number in space provided in Block 4**

FCC Form 471		FRN
Closed Entity Number		Closed Entity Name
Purchase Date	Transfer Date	Transfer Reason
<input type="checkbox"/> Check here if transfer is temporary. Enter projected return date _____		
List all entities receiving the equipment. Receiving Entity(s) Number(s)	Receiving Entity Name (s)	Equipment Received Equipment name, make and model



**DO NOT STAPLE****Billed Entity Name** Monterey County Office of Education **Contact Name** Keith Meader**Billed Entity Number** 144091 **Contact Telephone Number** (831)784-4136**Block 5: Certification**

12. I certify that I am authorized to submit this form on behalf of the above-named billed entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.
13. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services.
14. I will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of delivery of discount services (or after the date of transfer for equipment transfers), (1) any and all records that I rely upon to complete this form and (2) all documents necessary to demonstrate compliance with the statutory or regulatory requirements for the schools and libraries universal service support program. I recognize that I may be audited pursuant to this application and the applicant must produce such records as required by 47 C.F.R. § 54.516.

15. Signature



16. Date

4-9-15

17. Printed name of authorized person Keith Meader

18. Title or position of authorized person Infrastructure Director

19. Telephone number of authorized person (831)784-4136

20. Email address of authorized person kmeader@monterey.k12.ca.us

21. Address of authorized person 901 BLANCO CIR PO BOX 80851  
SALINAS, CA 93912

22. Name of Authorized Person's Employer Monterey County Office of Education



**FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0853), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to [PRA@fcc.gov](mailto:PRA@fcc.gov). PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0853.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

**A paper copy of this form, with an authorized signature in Block 5, Item 15 should be mailed to:**

**SLD Form 500  
P. O. Box 7026  
Lawrence, KS 66044-7026**

**If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:**

**SLD Forms  
ATTN: Form 500  
3833 Greenway Dr.  
Lawrence, KS 66046  
888-203-8100**

FCC Form 500  
**DO NOT STAPLE**

Do Not Write In This Area

OMB Control No. 3060-0853  
Estimated time per response:  
1.5 hours**Universal Service for Schools and Libraries  
Funding Commitment Adjustment Request Form****Please read instructions before completing.**

(To be completed by schools, libraries or consortia.)

Applicant's Form Identifier: MCOE500Y15

FCC Form 500 Application Number:

(Create your own code to identify THIS FCC Form 500)

(To be assigned by administrator.)

**Block 1: Applicant Information**

1. Name of Billed Entity Monterey County Office of Education		2. Billed Entity Number 144091	3. Funding Year 2012
4. Complete Mailing Address of Billed Entity Street Address, P. O. Box or Route Number 901 BLANCO CIR PO BOX 80851		City SALINAS	State CA
		Zip Code 93912	
Telephone Number (831)755-0324	Fax Number (831)784-4146	Email Address	
5. Contact Person Information			
Contact Person Name Keith Meader			
Mailing Address Street Address, P. O. Box or Route Number 901 BLANCO CIR PO BOX 80851		City SALINAS	State CA
		Zip Code 93912	
Telephone Number (831)784-4136	Fax Number (831)784-4146	Email Address kmeader@monterey.k12.ca.us	
Type of Adjustment (Check all that apply)			
<input checked="" type="checkbox"/> Block 2: Services Adjustment		<input type="checkbox"/> Block 4: Equipment Transfer Notification	
<input type="checkbox"/> Block 3: Cancellation or Reduction of an FRN			

**DO NOT STAPLE****Billed Entity Name** Monterey County Office of Education **Contact Name** Keith Meader**Billed Entity Number** 144091**Contact Telephone Number** (831)784-4136**Page** 2A**Block 2: Services Adjustment**

**Remember: The Funding Request Number(s) (FRNs) listed on this form must be for the same Funding Year as listed in Block 1, Item 3.**

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**Service Delivery Extension:** Complete if you are requesting an extension of the deadline for delivery and installation of non-recurring services. You must submit this request to USAC on or before the September 30 following the close of the funding year. This action will NOT increase funding. **Note:** Complete the Contract Expiration Date (Item 7) also if your contract will expire prior to the installation or delivery of services.

**6. Service Start Date**

FCC Form 471	FRN(s)	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):

**7. Contract Expiration Date**

FCC Form 471	FRN(s)	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
870913	2375291	09/30/2014	09/30/2015
870913	2375300	09/30/2014	09/30/2015

**Make as many copies of this page as needed, and number the completed pages so that they are all processed correctly. Please number your pages 2A, 2B, 2C, etc. and provide the number in space provided in Block 2.**

**8. Service Delivery Extension Request**

FCC Form 471

870913

FRN

2375291

Certify the reason for the service delivery and installation request by checking one of the boxes below:

- ☒ The service provider was unable to complete delivery and installation for reasons beyond the service provider's control.
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**DO NOT STAPLE****Billed Entity Name** Monterey County Office of Education **Contact Name** Keith Meader**Billed Entity Number** 144091**Contact Telephone Number** (831)784-4136**Page 2 B****Block 2: Services Adjustment**

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**6. Service Start Date**

FCC Form 471	FRN(s)	Original Date (mm/dd/yyyy)	New Date (mm/dd/yyyy)

**7. Contract Expiration Date**

FCC Form 471	FRN(s)	Original Date (mm/dd/yyyy)	New Date (mm/dd/yyyy)

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**8. Service Delivery Extension Request**FCC Form 471  
870913FRN  
2375300

Certify the reason for the service delivery and installation request by checking one of the boxes below:

- ☒ The service provider was unable to complete delivery and installation for reasons beyond the service provider's control.
- ☐ The service provider has been unwilling to complete delivery and installation after USAC withheld payment for those services on a properly-submitted invoice for more than 60 days after submission of the invoice.

**DO NOT STAPLE****Billed Entity Name** Monterey County Office of Education **Contact Name** Keith Meader**Billed Entity Number** 144091**Contact Telephone Number** (831)784-4136**Page** 3 A**Block 3: Cancellation or Reduction of an FRN****Remember:** The FRNs listed on this form must be for the same Funding Year as listed in Block 1, Item 3.**Cancel:** Complete if you wish to cancel an FRN. This action is irrevocable and the FRN cannot be reinstated later. This action would allow money to be put back into the Universal Service Fund for possible commitment to other applicants.**Reduce:** Complete if you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN cannot be increased later. This action would allow money to be put back into the Universal Service Fund for possible commitment to other applicants.**Make as many copies of this page as needed, and number the completed pages so that they are all processed correctly. Please number your pages 3A, 3B, 3C, etc. and provide the number in space provided in Block 3****9. Cancel FRN**

FCC Form 471	FRN (s) (list individually)	Write in "CANCEL ALL" below if you wish to cancel all FRNs on FCC Form 471

**10. Reduce FRN**

FCC Form 471	FRN(s)	Original Commitment Amount from FCDL	New Commitment Amount AFTER Reduction

**DO NOT STAPLE****Billed Entity Name** Monterey County Office of Education **Contact Name** Keith Meader**Billed Entity Number** 144091**Contact Telephone Number** (831)784-4136**Page 4****Block 4: Equipment Transfer Notification****Remember: The FRNs listed on this form must be for the same Funding Year as listed in Block 1, Item 3.**

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<input type="checkbox"/> Check here if transfer is temporary. Enter projected return date _____		
List all entities receiving the equipment. Receiving Entity(s) Number(s)	Receiving Entity Name (s)	Equipment Received Equipment name, make and model



**DO NOT STAPLE****Billed Entity Name** Monterey County Office of Education **Contact Name** Keith Meader**Billed Entity Number** 144091 **Contact Telephone Number** (831)784-4136**Block 5: Certification**

12. I certify that I am authorized to submit this form on behalf of the above-named billed entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.
13. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services.
14. I will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of delivery of discount services (or after the date of transfer for equipment transfers), (1) any and all records that I rely upon to complete this form and (2) all documents necessary to demonstrate compliance with the statutory or regulatory requirements for the schools and libraries universal service support program. I recognize that I may be audited pursuant to this application and the applicant must produce such records as required by 47 C.F.R. § 54.516.

15. Signature



16. Date

9-17-14

17. Printed name of authorized person

Keith Meader

18. Title or position of authorized person

Infrastructure Director

19. Telephone number of authorized person

(831)784-4136

20. Email address of authorized person

kmeader@monterey.k12.ca.us

21. Address of authorized person

901 BLANCO CIR PO BOX 80851  
SALINAS, CA 93912

22. Name of Authorized Person's Employer

Monterey County Office of Education

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P. O. Box 7026  
Lawrence, KS 66044-7026

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SLD Forms  
ATTN: Form 500  
3833 Greenway Dr.  
Lawrence, KS 66046  
888-203-8100



Monterey County Office of Ed.  
TIS dept  
901 Blue road  
Monterey CA 93901

CERTIFIED MAIL™



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P.O. BOX 7026  
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Postage	\$	\$1.190
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Return Receipt Fee (Endorsement Required)		\$0.000
Restricted Delivery Fee (Endorsement Required)		\$0.000
Total Postage & Fees	\$	\$4.490

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or PO Box No.  
City, State, Zip+4

SLD FORM 500  
P.O. BOX 7026  
LAWRENCE KS 66044 7026

PS Form 3800, August 2006

See Reverse for Instructions

SLD Form 500  
P.O. Box 7026  
Lawrence, KS 66044-7026



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# USPS Tracking™

[Customer Service >](#)

Have questions? We're here to help.

Tracking Number: 9207190121230900000297

## Product & Tracking Information

Postal Product:  
First-Class Mail®Extra Svc:  
Certified Mail™**DATE & TIME****STATUS OF ITEM****LOCATION**September 23, 2014, 8:27  
am

Delivered

LAWRENCE, KS 66044

The package is delayed and will not be delivered by the expected delivery date. An updated delivery date will be provided when available. Your item was delivered at 8:27 am on September 23, 2014 in LAWRENCE, KS 66044.

September 22, 2014, 2:30  
am

Departed USPS Facility

KANSAS CITY, MO 64121

September 20, 2014, 3:12  
pm

Arrived at USPS Facility

KANSAS CITY, MO 64121

September 18, 2014, 10:28  
pm

Departed USPS Facility

SAN JOSE, CA 95101

September 18, 2014, 9:16  
pmArrived at USPS Origin  
Facility

SAN JOSE, CA 95101

September 18, 2014, 8:01  
pmAccepted at USPS Origin  
Sort Facility

SALINAS, CA 93912

September 18, 2014

Pre-Shipment Info Sent to  
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